

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT

UST Application for PSTEAF Eligible Company or Partnership

Date Form Completed

/ /

1. Company or Partnership Information

Type of Application

☐ New ☐ Amended – provide Agency Interest Number (AI):

Type (mark one)

☐ Company ☐ Partnership

Company or Partnership Name

Company or Partnership Mailing Address

Street Address:

City:

State:

Zip Code:

-

Company or Partnership Contact Information

Phone: () -

Alternate Phone: () -

Fax: () -

Email:

List legally authorized representatives or agents of the company or partnership who will have signatory authority for claims.

Legally Authorized Representative / Agent #1

Phone: () -

Email:

Legally Authorized Representative / Agent #2

Phone: () -

Email:

Legally Authorized Representative / Agent #3

Phone: () -

Email:

Insurance Coverage

(minimum \$1 mil for each)

Provide amount of coverage for each:

General Liability

\$

Professional Liability

\$

Pollution/Property Coverage

\$

☐ I have added the cabinet as an additional interest on the insurance policy in accordance with 401 KAR 42:250(1)(d)(2).

☐ I have provided evidence of coverage for each as listed above as attachments (i.e. letter from insurance carrier, certificates, etc.).

2. Capabilities and Services Offered (Attach additional pages if necessary)

AI _____

3. Listing of All Branch Offices *(Attach additional pages if necessary)*

Contact Name	Mailing Address			Telephone Numbers
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -

4. Listing of Owners, Officers, Directors, and Principals *(Attach additional pages if necessary)*

Name	Mailing Address			Telephone Numbers
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -
	Street Address:			() -
	City:	State:	Zip Code: -	() -

5. Listing of All Sister and Subsidiary Companies*(Include companies that will provide services under this certification; attach additional pages if necessary)*

Company Name:	Contact Name:			Phone: () -
Street Address:	City:	State:	Zip Code: -	Phone: () -
Type of Services to be provided:				
Estimate percentage of service to be provide on a project basis (%):				
Company Name:	Contact Name:			Phone: () -
Street Address:	City:	State:	Zip Code: -	Phone: () -
Type of Services to be provided:				
Estimate percentage of service to be provide on a project basis (%):				
Company Name:	Contact Name:			Phone: () -
Street Address:	City:	State:	Zip Code: -	Phone: () -
Type of Services to be provided:				
Estimate percentage of service to be provide on a project basis (%):				

AI _____

6. Professional Engineer (P.E.) / Professional Geologist (P.G.)		
<input type="checkbox"/> I have a Professional Engineer (P.E.) or Professional Geologist (P.G.) on staff.		
<input type="checkbox"/> I am contracting with a Professional Engineer (P.E.) or Professional Geologist (P.G.) licensed in Kentucky. I have provided a copy of the signed contract with the application.		
7. Technical Staff (Attach additional pages if necessary)		
Provide a listing of all technical personnel (including P.E. /P.G.) employed by the company or partnership who will be available to work on corrective action projects. For each individual listed, provide a copy of the current professional resume.		
Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A
Anticipated Corrective Action Job Duties:		
Name:	Title:	Years of Related Experience:
Education and Training:		<input type="checkbox"/> P.E. <input type="checkbox"/> P.G. <input type="checkbox"/> N/A
Anticipated Corrective Action Job Duties:		

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8. Administrative Personnel <i>(Attach additional pages if necessary)</i>			
Provide a listing of personnel employed by the company or partnership who will provide administrative support to corrective action projects. Such personnel might include clerical, computer, time clerk, payroll, and accounting.			
Name:		Title:	Years of Related Experience:
Education and Training:			
Anticipated Corrective Action Job Duties:			
Name:		Title:	Years of Related Experience:
Education and Training:			
Anticipated Corrective Action Job Duties:			
Name:		Title:	Years of Related Experience:
Education and Training:			
Anticipated Corrective Action Job Duties:			
Name:		Title:	Years of Related Experience:
Education and Training:			
Anticipated Corrective Action Job Duties:			
Name:		Title:	Years of Related Experience:
Education and Training:			
Anticipated Corrective Action Job Duties:			
Name:		Title:	Years of Related Experience:
Education and Training:			
Anticipated Corrective Action Job Duties:			
9. Listing of Instruments and Equipment <i>(Attach additional pages if necessary)</i>			
List all equipment owned by the company or partnership, subsidiary, or sister company for the performance of corrective action projects.			
Technical Field Instruments	Equipment	Vehicles	Other Materials

AI _____

10. Affirmation and Certification☐ Check here if the person completing the form is the same as the owner, officer, director, or principal named below.**Name of Person Completing Form****Email****Phone Number**

() -

1. Company or partnership agrees that a cabinet representative may inspect the records and business premises of the company or partnership to verify information in this application or to evaluate the company or partnerships capabilities. ☐ Yes ☐ No
2. Company or partnership will remain active and in good standing with the Kentucky Secretary of State. ☐ Yes ☐ No
3. Company or partnership holds, in good standing, all licenses, permits and training certifications required to perform corrective action activities in Kentucky. ☐ Yes ☐ No
4. Has any criminal proceeding or disciplinary action been taken, or is there any enforcement action pending, by any regulatory or law enforcement agency against the company or partnership, its owner, officers, directors, or principals? If yes, attach a detailed explanation *(required)*. ☐ Yes ☐ No

I, the undersigned, under penalty of law, have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete.

Owner, Officer, Director or Principal
*(Company or Partnership)**Printed***Title***Signature***Date**

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If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.